Quick Reference for Outbreak Control & Management in LTCH, RH and Independent Living Settings

The content below is subject to change. Please consult with Halton Region Public Health each time you suspect an outbreak.

Report outbreaks **during regular business hours**, Monday-Friday 8:30 a.m. to 4:30 p.m. by submitting a line list, OR emailing PublicHealthOM@halton.ca.			Report outbreaks **outside of regular business hours** by calling 311 or 905-825-6000.	
IDENTIFY	**Enteric**	**Respiratory**	**Influenza**	**COVID-19**
Case Definitions	• 2 or more episodes of diarrhea **AND/OR** vomiting within a 24 hour period **NOTE**: Symptoms must not be due to another cause (e.g., medication, laxatives, diet change, underlying conditions, etc.).	• 2 or more new **AND/OR** unexplained respiratory symptoms **NOTE:** Respiratory outbreak case definitions should be developed for each individual outbreak as symptoms will vary based on pathogen(s) involved.	Clinically compatible signs and symptoms with: • Lab confirmation of influenza from an appropriate clinical specimen, **OR** • An epidemiologic link to a lab confirmed case (applies to institutional respiratory infection outbreaks) **NOTE:** Seniors may not develop a fever, and may present with acute functional decline or confusion, delirium, and falls.	• Refer to Infectious Disease (ID) Protocol Appendix 1: COVID-19.
Outbreak Definitions	**Confirmed Outbreak:** • 2 or more cases meeting the outbreak case definition within 48 hours in a specific area (e.g., unit/floor, etc.).	**Suspect Outbreak:** • 2 resident cases of Acute Respiratory Infection (ARI) with symptom onset within 48 hours with an epidemiological link (e.g., same unit/floor/service area) suggestive of transmission in the setting **AND** testing is not available or all negative. **Confirmed Outbreak:** • 2 or more resident cases of lab-confirmed ARI with symptom onset within 48 hours with an epidemiological link (e.g., same unit/floor/service area) suggestive of transmission in the setting, **OR** • 3 or more resident cases of ARI with symptom onset within 48 hours with an epidemiological link (e.g., same unit/floor/service area) suggestive of transmission in the setting **AND** lab testing is not available **OR** all negative.		
MANAGE	**Enteric**	**Respiratory**	**Influenza**	**COVID-19**
Surveillance	• Staff and visitors should be passively screened for symptoms. Screening tools and policies must be posted/available and followed by all entering the facility. • All residents should be monitored for new, unexplained, or worsening symptoms (minimum twice daily). • Track new staff and resident cases on a line list.			
Collect Samples	**Consult with Halton Region Public Health (HRPH) before submitting outbreak specimens for laboratory testing.**			
	• Collect stool sample(s) for viral testing using an enteric kit, per HRPH direction. • Complete the General Test Requisition as per the Enteric Testing Reference Sheet. • Print the requisition(s) on coloured paper.	• Healthcare providers may order respiratory testing for symptomatic residents who meet the eligibility criteria. ○ If available, Health Canada approved rapid antigen tests and/or rapid molecular tests may be used. This does not replace the recommendation to complete an NP swab for viral PCR testing. • Complete the General Test Requisition, as per the Respiratory Testing Reference Sheet. • Print the requisition(s) on coloured paper.		

MANAGE	Enteric	Respiratory	Influenza	COVID-19
Outbreak Control Measures Assessment Form	• Complete the Outbreak Control Measures Assessment Form, which will be provided by your outbreak investigator via email when an outbreak is opened. • The document must be submitted via fax (905-825-1009) or using Halton Region's online portal within 24hrs of the outbreak being opened.			
Case Management	• Isolate on droplet and contact precautions until 48 hours symptom-free, unless HRPH advises otherwise.	• Isolate on droplet and contact precautions for 5 days from symptom onset **OR** until symptom-free, whichever is shorter. As part of outbreak control measures, and to prevent risk of transmission from those with a longer period of communicability, residents are encouraged to wear a well-fitted mask, if tolerated, when receiving care and when outside of their room until day 10 from symptom onset.		• Isolate on droplet and contact precautions for 5 days from symptom onset **AND** until symptoms have improved for 24 hours, then mask for 10 days from symptom onset **(remain isolated on droplet and contact precautions until day 10 if unable to mask).**

Contact Management	• Isolation not required.	• **Roommates**: Isolation not required.
		  ○ Place in a separate room away from the case.
		  ○ If not possible, the use of physical barriers (e.g., curtains or cleanable barrier) to create separation is recommended.
		• **Non-roommate close contacts**: Isolation not required.
				• **Roommates:** Isolate on droplet and contact precautions for 5 days from the case's symptom onset, then mask until day 10 from the case's symptom onset.
				• **Roommates (moved to a different room):** Isolate on droplet and contact precautions for 5 days from last exposure, then mask until day 7 from the case's symptom onset.
				• **Non-roommate close contacts**: Isolation not required.

		All contacts should be: • Monitored twice daily for symptoms and promptly isolated, assessed and tested if symptoms develop; • Strongly encouraged to wear a well-fitting mask, if tolerated, when receiving care and when outside of their room; and • Strongly encouraged to physically distance from others.		

Immunization and Antivirals	N/A	• **Immunization**: keep a current list of staff who are immunized to promptly implement control measures such as antiviral prophylaxis, cohorting and exclusion (influenza).
		• **Antivirals**: be prepared for prompt initiation of antiviral prophylaxis and/or treatment.
		  ○ **Influenza Outbreaks:**
		  ▪ Treatment is most effective when started within 48 hours of symptom onset.
		  ▪ Prophylaxis should begin within 24 hours of a lab-confirmed influenza outbreak to stop the progression of the outbreak.		

Return to Work	• Symptomatic staff should stay off work for 48 hours after symptoms have been resolved.	• Symptomatic staff should remain off work until their symptoms have been improving for 24 hours and they are afebrile. ○ For 10 days after symptom onset, staff should adhere to workplace measures for reducing risk of transmission (e.g., masking for source control) and avoid caring for those at highest risk of developing severe infection.		
OUTBREAK RESOLUTION	• 2 days after symptom resolution in the last case OR 5 days after the symptom onset in the last case	• 8 days after symptom-onset in the last resident case **OR** 3 days after the last staff case worked, whichever is longer		
Resources	• Halton Region's IPAC Webpage: Outbreak Management • ID Protocol Appendix 1: COVID-19 • ID Protocol Appendix 1: Gastroenteritis Outbreaks in Institutions and Public Hospitals • ID Protocol Appendix 1: Influenza • ID Protocol Appendix 1: Respiratory Infection Outbreaks in Institutions and Public Hospitals • Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings			